



2011 – 2012
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
READING SPECIALIST
(Interventionist)

(Pursuant to requirements mandated by P.L. 107-110 No Child Left Behind Legislation)
To be completed by reading specialist, reading consultant, remedial reading teacher, reading interventionist,
or teachers in a similar position, in Grades K-12 to verify Highly Qualified status.

Name:		SSN (last 4 digits):	
School:		District:	
Teacher Work Email:		School Start Date: (mm/yyyy)	

(Date teacher **first** began working at this school site)

Please check where applicable:

1. ☐ Hold a bachelor's degree

and

2. ☐ Hold a valid Arizona teaching certificate (A.R.S. §15-502.B) – provisional, reciprocal or standard (charter school teachers are exempt from this requirement)

a. ☐ Early Childhood Certificate

b. ☐ Elementary Certificate

c. ☐ Secondary Certificate

d. ☐ Foreign Teacher Certificate

e. ☐ Special Education Certificate (List Disability Area(s): _____

and

3. Teaching Assignment: Reading Specialist (Interventionist)

_____ *Periods taught in this core content area*

Check only ONE Option Below:

a. ☐ Reading Specialist Endorsement (*district schools*)

b. ☐ Meets the requirement for a Reading Specialist Endorsement (*charter schools*)

If you checked 1, 2, **and** 3 (including 3a or 3b), under federal guidelines, you are considered **highly qualified**.

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**

I attest to the factual completion of this evaluation.

Signature of Teacher

Date

Printed Name of Principal

Signature of Principal

Date